
INSERTION OF NASOGASTRIC/OROGASTRIC TUBE

FIELD ASSESSMENT/TREATMENT INDICATORS

Any intubated patient where gastric distention may impede ABC's

Oral route for patients with mid-facial trauma and all patients less than six months of age

CONTRAINDICATIONS

History of esophageal strictures, varices and/or other esophageal diseases

Caustic ingestion

Significant facial or head trauma

History of bleeding disorders

PROCEDURE

1. Explain procedure then position patient in high fowlers, unless otherwise contraindicated and select appropriate size naso/orogastric tube: adults 16-15fr, adolescents 12-14fr, children 8-10fr, or infants 5-6fr.
2. Measure and mark the NG/OG tube for proper insertion length and have suction equipment readily available
 - a. Nasogastric--Combined distance between the tip of the nose to the ear lobe to the xiphoid process
 - b. Orogastric--Combined distance between the corner of the mouth to the ear lobe to the xiphoid process.
3. Examine both nares to determine nare with best airflow or examine oropharyngeal cavity for obstructions or secretions then:
 - a. Lubricate distal third of NG tube with a water-soluble lubricant or viscous Lidocaine gel.
 - b. Gently pass tube posteriorly along floor of nasal cavity.
 - c. Instruct patient to swallow (if conscious).
 - d. If resistance is met while using the nasal route, remove and attempt other nostril.
 - e. Slowly rotate and advance tube as you insert to mark indicating desired length.
 - f. If resistance is met, remove tube and re-attempt.
4. Confirm proper placement by:
 - a. Aspiration of stomach contents
 - b. Injection of 30-60ml of air into tube as you auscultate for the sound of air over the epigastric region
 - c. Auscultate lungs while injecting air into NG tube
5. Secure tube to bridge of nose (nasogastric) or side of mouth (or gastric)
6. Attach NG tube to suction tubing and adjust to low suction or some other type of approved suction device.
7. If patient experiences respiratory distress at anytime during procedure, remove tube immediately.

DOCUMENTATION

Upon arrival at the receiving hospital, the Advanced Skills Evaluation Form on the back of the yellow copy of the O1A Form or electronic equivalent must be filled out and signed by receiving physician. This form must then be forwarded to ICEMA within one week by either the PLN at the receiving facility if it is a Base Hospital or by the EMT-P's Agency EMS/QI Coordinator.